MISSOURI CANCER REGISTRY REQUIRED DATA ELEMENTS
For Hospital Reporting (Inpatient & Outpatient)

Beginning with cases diagnosed January 1, 2001

1. Reporting hospital/facility number
2. Last name, first name, middle name (or initial)
3. Address at diagnosis, includes city, county, state and zip code
4. Census tract (MCR will code)
5. Marital Status
6. Race 1 (Race 2-5 when applicable)
7. Spanish/Hispanic origin
8. Sex
9. Birth date
10. Social security number
11. Maiden name
12. Alias
13. Place of Birth
14. Industry text (MCR will code)
15. Occupation text (MCR will code)
16. RX Coding System-Current
17. Date of diagnosis
18. Date of 1st Contact (formerly Date of Admission/1st Contact)
19. Source of information (Reporting source)
20. Primary site (per ICD-O-3)
21. Morphology type, behavior and grade (per ICD-O-3)
22. Type of Reporting Source
23. Accession Number
24. Sequence number
25. Laterality
26. Diagnostic confirmation
27. Stage of disease (per SEER Summary Stage 2000)
28. Type and date of first course of definitive treatment (also includes Scope Reg LN Surg, Surg Other Reg/Distant sites, Reg LN Examined)*
29. Death information (date, underlying cause, place, ICD revision number used to code cause of death)
30. Date of last contact
31. Vital status
32. Text fields
    a. Primary Site description
    b. Histology description
    c. Dx Proc – Physical Exam
    d. Dx Proc - X-rays/scans
    e. Dx Proc - Scopes
    f. Dx Proc - Lab Tests
    g. Dx Proc – OP – information from operative reports
    g. Dx Proc – Pathology - results from cytology and histopathology reports
    h. Staging – information not already entered in Dx Proc areas
    i. RX Text – Surgery – surgery procedures performed as part of treatment

Missouri-specific data element:

25. Years of tobacco use

Missouri-specific optional data element:

26. Toxic exposure

Unless noted, all above data elements are required by CDC National Program of Cancer Registries (NPCR) or North American Association of Central Cancer Registries (NAACCR) Incidence Reporting (Version 9).
* Radiation, chemotherapy, hormone, BRM, other treatment and treatment dates are MCR & ACoS requirements.

1. Accession year **
2. Current address (street no., city, state, zip, county)
3. Name of spouse/parent
4. Abstracted by
5. Hospital referred from
6. Hospital referred to
7. Medical record number
8. Discharge date
9. Primary payer
10. Telephone number
11. Age at diagnosis
12. Family history of cancer
13. Alcohol history
14. Tobacco history
15. Class of case **
16. Date of first positive biopsy
17. Extent of disease - tumor size, regional nodes examined and positive
18. TNM stage - clinical or pathological
19. Surgical Margins
20. Surgical approach
21. Recurrence information - type, date and distant site(s)
22. Last contact date
23. Tumor status **
24. Death information - ICD revision number, autopsy

** indicate data elements strongly recommended by MCR